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DECLARATION and POWER OF ATTORNEY								
As a below-named inventor, I hereby declare that:								
My residence, post office address and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SCORPION TOXINS								
the specification of which is attached hereto unless the following box is checked:								
□ was filed on as U.S. Application No and was								
amended on(if applicable).								
amendment referr	ave reviewed and understand the ed to above. by to disclose information which i						l by any	
I hereby claim foreign	a priority benefits under 35 U.S.C T International application which hecking the box, any foreign appli- application on which priority is a	. § 119(a)-(d) or § 365(b)	of any foreign app	lication	(s) for patent or inventor's	certificate, have also ving a filing	
Application No. Country Filing Date					1	Priority Claimed (Yes/No)		
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) liste						ed below.		
					0.0	I.S. Filing Date 06/22/99		
60/140,227 Thereby claim the benefit under 25 U.S.C. \$ 120 of any United States application(s) or \$ 365(c) of any					any PC	PCT International Application		
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentiability and the prior of the prior application and the rational or PCT International Internation State of the prior application and the rational or PCT International Inte								
Application No. Fining Date Status (patented, pending or abandoned)								
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
Name: KATHLEEN W. GEIGER Registration No.: 3					35,8	5,880		
LORI Y. BEARDELL 3					34,2	93		
Send correspondence and direct Tel. No.								
telephone calls to:			in Pont de Nemours and Company			(302) 302-992-3749		
KATHLEEN W. GEIGER Wilmin			- Patents ington, DE 19898, U.S.A.			Fax No. (302) 302-892-7949		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may teoporarize the validity of the application or any patent issuing thereon.								
INVENTOR(S)								
	ast Name		First Name RAFAEL		N	liddle Name		
	Signature (please sign full parie):				D	Date: 7/17/2000		
				or Foreign Country		Country of Citizenship		
	MIMINGTON	DELAWARE			SRAEL tate or Country	Zip Code		
Address 3	Post Office Address 3120 NAMMANS ROAD, APT 405		WILMINGTON		r	ELAWARE	19810	
	ast Name EE	First Name JIAN-MING		N	Middle Name			
	Signature (please sign full name):				D	Date: 8/22/00		
Residence & Ci	ity	State or Foreign Country		C	Country of Citizenship			
	VEST CALDWELL		NEW JERSE	Y 	10	EOPLES REPUBLIC HINA		
Post Office Po	ost Office Address 3 PINE TREE PLAGE	WEST CALDWELL		S	ate or Country EW JERSEY	Zip Code 07006		
Full Name La	ist Name				IM	iddle Name		
	Last Name WONG Signature (please sign full same				F			
					- 1	7/67/60	00	
Residence & Ci	EWARK		State or Foreign Co DELAWARE	ountry	Ü	ountry of Oitizenship		

City NEWARK

Post Office Address
32 QUARTZ MILL ROAD

Zip Code 19711

State or Country DELAWARE

[☐] Additional Inventors are being named on separately numbered sheets attached hereto.